Village of Willow Springs Application for Community Service



No

Contact Information			
1. Name			_
2. Street Address			_
3. City, Street, Zip Code			_
4. Phone #1			_
5. Phone #2			_
6. E-Mail Address			
7. Date of Birth	/		
Availability			
·	u available for community service assignments? (check all that apply)		
Weekday mornings	Weekday evenings		
Weekday afternoons			
Community Service Info	rmation		
-			
9. Why do you need community service hours?			
Court Ordered Specific Reason:			
School Disciplinary Action			
National Honors Society			
Organization (cor	firmation, communion, etc.)		
Other			
10. Number of community se	rvice hours needed:		
11. Completion of hours requ	nired by (date)://		
Dans and Illiations			
Personal History			
·			No
If yes, please explain:			

13. Are you/have you been a member of the United States military? Yes

Special Skills or Qualific	ations		
14. Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies that may be helpful in placing you with a community service assignment.			
Person to Notify in Case	of Emergency		
15. Name			
16. Street Address			
17. City, Street, Zip Code			
18. Phone #1			
19. Phone #2			
Agreement and Signature	<u> </u>		
By submitting this application if I am accepted for a commu misrepresentations made by	, I affirm that the facts set forth in it are true and complete. I understand that nity service assignment, any false statements, omissions, or other me on this application may result in my dismissal. By signing and submitting the Village of Willow Springs to conduct a background check.		
Name (printed)			
Signature			
Date			
Our Policy			
It is the policy of the Village of Willow Springs to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.			
Thank you for completing this application form and for your interest in doing community service with us. You will be contacted regarding the status of your community service request as soon as possible.			
For Office Use Only:			
Date Received:	Initials:		
 Attach a copy of ID Forward this applicat Give a copy to Adena Scan original into "Co 			
5. Put original in "Community Service Applications" folder.			